FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

SEC Mail Processing Section

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 1 | | | | | |
|---|-----------|--|--|--|--|
| OMB APPROVAL | | | | | |
| OMB Number: | 3235-0076 | | | | |
| Expires: April 30, | 2008 | | | | |
| Estimated average burden | | | | | |
| hours per response16.00 | | | | | |

| SEC USE ONLY | | | | | | |
|---------------|--|--|--|--|--|--|
| Prefix Serial | | | | | | |
| | | | | | | |
| DATE RECEIVED | | | | | | |
| I | | | | | | |

| HINGTON B | |
|--|---|
| Name of Offering () check if this is an amendment and name has changed, and indicate change.) | _ |
| Forest Hills Fund, LLC Limited Liability Company Interests | |
| ((| ULOE |
| Type of Filing: New Filing | |
| | |
| A, BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | 08056578 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Forest Hills Fund, LLC | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 3350 Riverwood Parkway, Suite 700, Atlanta, Georgia 30339 | (404) 815-4507 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | PROCESSED |
| Securities investment fund managed by Fund manager and o | PROCESSED designees. JUL 2 4 2008 |
| Type of Business Organization | 7 5 2 2 2 2 2008 |
| corporation limited partnership, already formed other (ple | ase specify): THOMSON REUTER |
| business trust limited partnership, to be formed limited | i liability company |
| Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: Old Dia Natural Estima Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | |
| CN for Canada; FN for other foreign jurisdiction) | GA |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6). | Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belongers. | |

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | A BASICID | NTIFICATIONDATA | | |
|---|-----------------------|------------------------------|-------------------------------|---------------------------------------|---|
| 2. Enter the information re | quested for the fol | llowing: | | | |
| • Each promoter of the | he issuer, if the iss | suer has been organized w | ithin the past five years; | | |
| Each beneficial own | ner having the pow | er to vote or dispose, or di | rect the vote or disposition | of, 10% or more of | f a class of equity securities of the issue |
| • Each executive offi | cer and director o | f corporate issuers and of | corporate general and mar | naging partners of | partnership issuers; and |
| Each general and m | nanaging partner o | f partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | ■ Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or |
| Sheek Box(es) that Apply. | A Promoter | Z Benericial Switch | | | Managing Partner |
| Full Name (Last name first, it | • | | | | |
| Forest Hills Ca | | | ··. | | |
| Business or Residence Addre | • | | • | 0220 | |
| · · · · · · · · · · · · · · · · · · · | | | anta, Georgia 30 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | X Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | |
| Draughon, K. | | | | | |
| Business or Residence Addres | | | | | |
| 3350 Riverwoo | od Parkway | <u>/, Suite 700, Atla</u> | anta, Georgia 30 | 0339 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | |
| Fugua, J. Re | × | | | | |
| Business or Residence Addre | | Street, City, State, Zip C | ode) | | |
| 3350 Riverwo | od Parkwa | y, Suite 700, At | lanta, Georgia 3 | 30339 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | <u> </u> | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | General and/or |
| | | | | | Managing Partner |
| Full Name (Last name first, i | t individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | · · · · · · · · · · · · · · · · · · · | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | | |
| | /57 1.5 | and all all and a second | | <u> </u> | A |
| | (Use bla | nk sneet, or copy and use | : additional copies of this s | ncet, as necessary |) |

| | | | | BUL | KORMAE | ONABOU | CORFERI | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| | | | | | | | | | Yes | No 🏎 | | |
| i. Has the | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | 团 | | | |
| 3 WL-41 | Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | | | | | | | ° 25(| 0,000* | | | |
| 2. What is | s the minin | ium invesui | nent mat w | iii be acce | pied from a | iny matvia | | ject to v | | ••••• | Yes | No |
| 3. Does th | ne offering | permit join | t ownershi | p of a sing | le unit? | | | | | | D X | |
| Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Full Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Business or | Residence | Address (N | lumber and | l Street, C | ity, State, Z | Cip Code) | | | | | | |
| Name of As | sociated B | roker or De | aler | | | | | | | | | |
| States in W | hich Person | n Listed Ha | s Solicited | or Intends | to Solicit l | Purchasers | | | | | ************ | |
| (Check | "All State | s" or check | individual | States) | | | | | | | ☐ All | l States |
| IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Full Name | Last name | first, if ind | ividual) | | | | | × | • | | | |
| Business of | Residence | e Address (| Number an | d Street, C | ity, State, 2 | Zip Code) | | - | | | | |
| Name of As | sociated B | roker or De | aler | | | | | | | | | |
| States in W | hich Persoi | n Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| (Check | "All State | s" or check | individual | States) | | | | | ***** | | ☐ Al! | l States |
| IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Full Name | Last name | first, if ind | ividual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | | l States | | | |
| IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK | | | | | | | | HI MS OR WY | MO PA PR | | | |

THE COFFERING PRICE NUMBER OF INVESTORS IF XPENSES AND USE OF PROCEEDS I

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and | | | |
|----|--|-----------------------------|--------------|---|
| | already exchanged. Type of Security | Aggregate Offering Price | | nount Already Sold |
| | | _ | | |
| | Debt | | | |
| | Equity | \$ | | |
| | Common Preferred | | | |
| | Convertible Securities (including warrants) | | | |
| | Partnership Interests | \$ | _ \$_ | |
| | Other (Specify) limited liability company interests | \$ 100,000,00 <u>0</u> | _ \$_ | 0 |
| | Total | \$_ 0:00 | | 0.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | 100,000, | 000 | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | | Aggregate ollar Amount of Purchases |
| | Accredited Investors | | _ \$_ | <u> </u> |
| | Non-accredited Investors | | _ \$_ | 0 |
| | Total (for filings under Rule 504 only) | NA | _ \$_ | NA_ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | |
| | Type of Offering | Type of Security | D | Oollar Amount Sold |
| | Rule 505 | | _ \$_ | NA |
| | Regulation A | <u>NA</u> | _ \$_ | NA |
| | Rule 504 | <u>NA</u> | _ \$_ | <u>NA</u> |
| | Total | NA | _ s _ | 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | [| _ s _ | |
| | Printing and Engraving Costs | | X s_1 | 1,000 |
| | Legal Fees | [| X \$_ | 3,000 |
| | Accounting Fees | [| ¬ \$_ | |
| | Engineering Fees | • | _ s_ | |
| | Sales Commissions (specify finders' fees separately) | • | | |
| | Other Expenses (identify) blue sky filing fees | • | Z \$_ | 3,000 |
| | Total | • | X \$_ | 9. 90 7,000 |

| | GOTPERING PROPERTY | JER OFFINIESTORS EXPENSES AND DESCRIPTION | PROCEEDS | |
|-----|---|---|--|--|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." | Question 4.a. This difference is the "adjusted gro | SS | s_ ^{0:00} 99,993,000 |
| 5. | Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate an the payments listed must equal the adjusted gro | nd | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | 🔲 \$ | . []\$ |
| | Purchase of real estate | | 🔲 \$ | |
| | Purchase, rental or leasing and installation of mac and equipment | hinery | \$ | |
| | Construction or leasing of plant buildings and faci | ilities | 🔲 \$ | . \ \\$ |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger) | ets or securities of another | | □ \$ |
| | Repayment of indebtedness | | | |
| | Working capital | | 🗆 💲 | × 99,975,000 |
| | Other (specify): | A474 | _ [] \$ | |
| | | | - 📋 \$ | _ []\$ |
| | Column Totals | | <u>⊠\$_^{0.00}18,00</u> | <u>00⊠\$_0:0099,97</u> 5,000 |
| | Total Payments Listed (column totals added) | | 🔀 \$ <u>_</u> 0 | .oo 99,993,000 |
| | | DEFECERALSIENATURE | | |
| sig | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | nish to the U.S. Securities and Exchange Comr | nission, upon writte | ule 505, the following en request of its staff, |
| Īss | uer (Print or Type) | Signature | Date 7.16.0 | ~ & |

Forest Hills Fund, LLC

Name of Signer (Print or Type)

5

K. Robert Draughon

Title of Signer (Print or Type)

Manager of the Manager

* The Fund Manager and its assignees will receive a quarterly cash fee in an amount equal to 1/4 of 1.5% of the aggregate capital account balances of the Members at the beginning of each calendar quarter and a yearly performance allocation of 20% of amount of any excess net profit over an annualized return equal to 6.5% generated in the account of each Member. The Issuer will also reimburse the manager and its affiliates for approximately \$25,000 of organizational and initial offering expenses.

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)